



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

August 14, 2018

CERTIFIED MAIL #7014 2120 0002 7590 6808

Casey Stowell, RVP Pacific Northwest  
Fresenius Medical Care  
7780 Southwest Mohawk Street  
Tualatin, Oregon 97062

RE: Determination of Reviewability #18-24

Dear Ms. Stowell:

Enclosed is Replacement Authorization (RA) #094 issued to Renal Care Group Northwest, Inc. approving the replacement of Renal Care Group Northwest, Inc., d/b/a Fresenius Lacey Dialysis Center to a new site within Thurston County. At completion, Renal Care Group Northwest, Inc., d/b/a Fresenius Lacey Dialysis Center will have 20 approved stations as noted on the certificate and described in the application.

Replacement Authorization #094 is valid for two years. The project must begin during this time. If there is substantial and continuing progress, we may extend the authorization for one six month period. For an extension, you must submit an extension request at least 120 days before the expiration date. You cannot begin a project after the expiration date.

This decision may be appealed. The two appeal options are listed below.

Appeal Option 1:

You or any interested or affected person may request a public hearing to reconsider this decision. The request must state the specific reasons for reconsideration in accordance with Washington Administrative Code 246-310-560. A reconsideration request must be received within 28 calendar days from the date of the decision at one of the following addresses:

Mailing Address:  
Department of Health  
Certificate of Need Program  
Mail Stop 47852  
Olympia, WA 98504-7852

Physical Address  
Department of Health  
Certificate of Need Program  
111 Israel Road SE  
Tumwater, WA 98501

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Appeal Option 2:

You or any affected person with standing may request an adjudicative proceeding to contest this decision within 28 calendar days from the date of this letter. The notice of appeal must be filed according to the provisions of Revised Code of Washington 34.05 and Washington Administrative Code 246-310-610. A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

Mailing Address:

Adjudicative Service Unit  
Mail Stop 47879  
Olympia, WA 98504-7879

Other Than By Mail

Adjudicative Service Unit  
111 Israel Road SE, Building 6  
Tumwater, WA 98501

We monitor projects until completed or the expiration date, whichever occurs last. We do this with quarterly progress reports. At least 30 days before the report's due date, you will receive a form to complete and return. If you have any questions, please contact me at (360) 236-2955.

Sincerely,



Janis Sigman, Manager  
Certificate of Need Program  
Community Health Systems

Enclosure



In accordance with RCW 70.38 and implementing rules and regulations, issuance of this Certificate does not constitute approval under any other local, federal or state statute, implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Unit of the Department of Health, facility licensing/certification through the Department of Social and Health Services or Department of Health, and other federal or local jurisdiction permits.

**Replacement Authorization #094 is issued to:**

**Current Facility Owner:** Renal Care Group Northwest, Inc. dba Fresenius Medical Care Holdings, Inc.  
**Current Facility Name:** FMC Lacey Dialysis Center  
**Current Facility Address:** 719 Sleater Kinney Road, Suite 152, Lacey, Washington 98503  
**Current County Location:** Thurston  
**Current Number of Stations:** 20

**Replacement Facility Information**

**Replacement Facility Owner:** Renal Care Group Northwest, Inc. dba Fresenius Medical Care Holdings, Inc.  
**Replacement Facility Name:** FMC Lacey Dialysis Center  
**Replacement Facility Address:** 3406 12<sup>th</sup> Avenue, Olympia, Washington 98501  
**Replacement Facility County Location:** Thurston  
**Replacement Facility Number of Stations:** 20  
**Capital Expenditure of Project:** \$6,879,042

**Description of Approved Project**

This relocation exemption approves Renal care Group Northwest, Inc. to relocate the 20-station dialysis facility in its entirety. At completion the Renal Care Group Northwest, Inc.'s facility is approved to certify and operate 20-stations. Services provided at the facility include in-center hemodialysis, home hemodialysis training, peritoneal dialysis, and backup for home dialysis patients, treatment shifts beginning after 5:00 p.m., a permanent bed station, and a dedicated isolation/private room. A breakdown of the approved 20 stations is shown below:


Station Type	CMS Certified Stations	Stations Counted for Station Use and Methodology
General Use In-Center Stations	18	18
Permanent Bed Station	1	1
Isolation Station	1	0
<b>Total Stations</b>	<b>20</b>	<b>19</b>

**Conditions of Exemption Approval**

Renal care Group Northwest, Inc. agrees with the project description. Renal care Group Northwest, Inc. further agrees that any change to the project as described above, requires Certificate of Need

This Replacement Authorization is effective from August 14, 2018, through August 14, 2020, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

**Date Issued:** August 14, 2018

  
 Janis Sigman  
 Manager, Certificate of Need Program  
 Community Health Systems

**This Replacement Authorization is not transferable.**